

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008372

FILED
Feb 25, 2008
Secretary of State

Entity Name: SPACE COAST WINE GUILD, INC.

Current Principal Place of Business:

1290 KNECHT RD. NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

1290 KNECHT RD. NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 06-1664025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NETTLES, DONNIE R
1290 KNECHT RD. NE
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NETTLES, DONNIE R PRES
Address: 1290 KNECHT RD. NE
City-St-Zip: PALM BAY, FL 32905

Title: V () Delete
Name: HARRELL, MICHAEL A VPRES
Address: 629 ALTAMIRA DR.
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: NETTLES, BETTY A SECY
Address: 1290 KNECHT RD NE
City-St-Zip: PALM BAY, FL 32905

Title: T () Delete
Name: SNAVELY, KATHY TREAS
Address: 3501 SAMUEL PL
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THOMPSON, DONNA TREAS
Address: 2310 TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNIE R. NETTLES

PRES

02/25/2008

Electronic Signature of Signing Officer or Director

Date